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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/555,285	08/09/2006	Ludwig Schieferstein	C 2834 PCT/US	3021
23657 COGNIS CORI	7590 04/07/200 PORATION	EXAMINER		
PATENT DEPA			REDDY, KARUNA P	
300 BROOKSI AMBLER, PA	<del>-</del>		ART UNIT	PAPER NUMBER
			1796	
			MAIL DATE	DELIVERY MODE
			04/07/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Summans	0/555,285 SCHIEFERSTEIN ET AL.		N ET AL.			
Interview Summary	Examiner	Art Unit				
	KARUNA P. REDDY	1796				
All participants (applicant, applicant's representative, PTO	personnel):					
(1) <u>KARUNA P. REDDY</u> .	(3)					
(2) <u>John DAniels</u> .	(4)					
Date of Interview: <u>31 March 2008</u> .						
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	•]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.					
Claim(s) discussed:						
Identification of prior art discussed:						
Agreement with respect to the claims f)☐ was reached. g	)∏ was not reached. h)∏ N	I/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Abandonment was confirmed by Attorney John Daniels in a message left on voice mail</u> .						
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w					
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPRIEMENTS ON REVERSE SIDE OF THE SHEET.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS HIS			
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red				

Application No.

Applicant(s)